

**MINUTES OF THE APRIL 2, 2014
MEETING OF THE GOVERNING BOARD OF THE HEALTH INFORMATION
EXCHANGE AUTHORITY**

The Board of the Illinois Health Information Exchange Authority (“Authority”), pursuant to notice duly give, held a meeting at 12:00 p.m. on April 2, 2014 at the State of Illinois Building, JRTC, 2-025, 100 West Randolph, Chicago, Illinois 60601 with conference call capability.

<u>Appointed Members Present:</u> Mr. David Holland, Chair Mr. Roger Holloway Dr. William Kobler Dr. Nancy Newby Dr. Nicholas Panomitros Mr. Raul Recarey [phone] Dr. Bruce Wellman	<u>Ex-Officio Members Present:</u> DPH-Mr. David Carvalho DHS-Ms. Susan Locke GOHIT-Ms. Laura Zaremba
<u>Appointed Members Absent:</u> Dr. Bechara Choucair Mr. Mark Neaman	<u>Ex Officio Members Absent:</u> HFS-Director Julie Hamos DOI-Ms. Michelle Oshman
<u>GOHIT/ILHIE Authority Staff Present:</u> Mr. Diego Estrella Ms. Krysta Heaney Ms. Elizabeth LaRocca Ms. Saroni Lasker Ms. Kerri McBride Mr. Tom Nowak Ms. Alice Richter Mr. Cory Verblen	

Roll Call and Introductions

Mr. David Holland, Chair of the Board of the ILHIE Authority, called the meeting to order. Roll call was taken and the attendance of the members noted above was confirmed. Seven of the 9 voting members of the Board were present for a quorum.

Roll call was taken for the Ex-Officio members of the Authority Board and the attendance of members noted above was confirmed. Three of the 5 Ex-Officio members were present.

Approval of Agenda

The Agenda was approved with no objections.

Approval of Meeting Minutes

Reading of the minutes was waived. The minutes from the last meeting on January 22, 2014 were approved.

New Board Member

New Board Member Roger Holloway was introduced. Mr. Holloway is employed at Northern Illinois University as the Director of the Regional Extension Center for the State of Illinois. He also serves as President of the Rural Health Network. Mr. Holloway has had a long career in health care and has been involved with HIE since very early on. Mr. Holloway looks forward to this opportunity and hopes to be a benefit to the Board.

Statement of Economic Interest Reminder

Statements of Economic Interest are due to the Secretary of State on May 1st, 2014. Please submit them to Ms. Kerri McBride by April 15th, 2014 to allow time for review. If Board members did not receive a Statement of Economic Interest, please contact Ms. McBride or Ms. Alice Richter. There are penalties involved if the document is not timely filed.

Chair Report

Mr. Holland reported that he has been very active in the Data Privacy & Security Committee and the Strategic Planning Process. Mr. Holland's indicated that his role in each situation was to ensure good process, inclusion and openness to create good results.

ILHIE Executive Director Update

Mr. Raul Recarey gave the ILHIE Authority Executive Director Update. Mr. Recarey pointed out that the Business Pipeline now includes the ILHIE Connect, the bidirectional service. Five entities were under legal review to contract for ILHIE Connect at the time of the meeting. There has been an increased interest in the Clinical Viewer, a web based application that allows for a longitudinal view of a patient's record. Several entities were also in the process of legal review concerning the Integrated Direct service at the time of the meeting. January, February, and March figures were given for Integrated Direct and ILHIE Connect. Three entities have signed both ILHIE Connect and Integrated Direct Contract: (1) Loyola University Health System, (2) Lurie Children's Hospital, and (3) Crosspoint Human Services. More than 30 hospitals have signed ILHIE Connect Data Sharing Agreements. Mr. Recarey reported that the ILHIE was currently in Phase 1 of the MPI upload and reconciliation process. Nine entities have signed Integrated Direct contracts. In addition, the number of DirectMailboxes and Direct transactions has increased. The top user for ILHIE Direct is NorthShore. Of the signed Integrated Direct customers, four are Epic EHR users and six are Meditech EHR users. Public Health Reporting has also had great success. There will be an increase in sites connected to ILHIE from 105 to 149, as 44 are currently pending. Mr. Recarey reported that the total number of transactions from all sources has reached over 10 million.

ILHIE Authority Board Treasurer, Mr. Thomas Nowak, reported on financial activity. Mr. Nowak reported that the total net equity of the ILHIE Authority is \$2.6 million. Pending grant revenue of \$2.5 million will be deposited sometime in April 2014. An ILHIE Authority Financial Policies Manual has been drafted and will be circulated prior to the May meeting for approval. Finally, Mr. Nowak mentioned the projected revenue sources for the FY 2015: Medicaid, current offerings, and hopefully new offerings.

Ms. Kerri McBride reported on the current legislation affecting the ILHIE Authority. The Governor's Office of Health Innovation and Transformation, with assistance from the ILHIE Authority, is working on House Bill 5925 to amend the AIDS Confidentiality Act, the Genetic

Information Privacy Act, and the Clinical Laboratory and Blood Bank Act. Representative Feigenholtz is the Bill's primary sponsor in the House and she has been extremely helpful. The Bill has passed through the Committee and will enter the floor of the House shortly and move through the Senate.

Alliance for Health Plan

Ms. Laura Zaremba reported on the completed and submitted statewide Health Innovation Plan. This was the final deliverable for the CMMI Planning Award. Illinois was one of the 16 states awarded funding for planning. Illinois will also be pursuing an implementation and model test award when the federal funding announcement is released, as anticipated in April 2014.

Development of the Plan had broad participation by health care delivery systems and health stakeholders across Illinois. The ilinoishealthcarereform.gov site has the full Plan posted, along with a health IT section. The Plan's ultimate goal is for 80% of the State's population to be covered by these innovations in the next five years. To reach this goal, five core objectives were targeted for the Plan: (1) create comprehensive integrated delivery systems along with payment reforms to support them; (2) ensure additional supports and services for people with specific needs; (3) enhance public health efforts to address environmental and social factors that negatively affect health; (4) ensure an adequate workforce to staff integrated delivery and enhance public health; and (5) expand the State's leadership role in promoting continuous improvement in public health and health care systems.

One strategy within the first objective has to do with the Medicaid Accountable Care Entities ("ACEs"). As part of the ACE solicitation, ACEs are required to fulfill the following: (1) health IT capabilities; (2) ILHIE connectivity; (3) requirements and timelines for connectivity to be determined by HFS and ILHIE; (4) utilize ILHIE resources and service to support ACE success.

Question: Is there a loop installed in the ACEs to receive feedback on how ILHIE is helpful?

Answer: The original contracts required ACE connectivity to transfer data to providers that need it. In regards to a feedback loop, there is no formal mechanism, however HFS and the ILHIE Authority have already started working on this in their conversations with ACE participants. There is a commitment to have an ongoing dialogue with ACE participants.

Mr. Recarey thanked Ms. Zaremba for the broad overview. He continued saying that it was nice to see how ILHIE is fitting into the larger picture.

Social Security Administration & Health IT

Ms. Diane Kiffler, from the Health IT Program at Social Security Administration ("SSA"), reported on how the SSA utilizes health IT. The SSA has used health IT to process disability claims for the last 5 years. The SSA is one of the largest disability insurers in the world, processing 3 million new disability claims every year with 101,000 of those claims coming from Illinois. The program is dependent upon the support of the medical community to correctly determine if individuals reach the social security's definition of disability. About 15 million requests for medical evidence are sent out each year to help with determinations. On a yearly basis, the SSA expends about \$500 million in medical costs. These numbers continue to grow and the SSA depends on health IT to manage the influx.

Ms. Kiffler discussed the process in which a claimant would apply for disability, along with what is collected by the SSA during a case intake. In comparison to the manual process (mail, fax, and scan), using the electronic process via their secure web portal (eHealth Exchange), speeds up the process from months to mere minutes. Health IT programs provide extreme value. Patients are benefited by faster disability claim determinations, quicker access to monthly cash benefits, and earlier access to medical insurance coverage. Health care providers are also benefited by payment for medical information, automated processing for the request for medical information and payment, and the potential to recover uncompensated care. A case study was done with MedVirginia, SSA's first health IT partner, and they evaluated that they were able to recoup \$2 million annually because of faster access to Medicaid coverage for applicants to disability coverage.

Comment: Mr. Holland recommended that any presentation over 15 minutes be done in person during the meeting, not over the phone, as multiple participants had problems hearing. Mr. Holland also suggested that for transparency sake, posting of the slides prior to the meeting will be helpful for all attendees.

ILHIE Strategic Planning

Mr. Recarey reported on the ILHIE strategic planning. March 17, 2014 was the date of the public stakeholders' meeting. Ms. Camilla Hull Brown reported the findings of the March 17 meeting. About 53 participants signed up for the meeting; with approximately equal participation from hospitals, regional HIEs, providers, and other participants in health care. 44% of responses in the meeting prioritized 'care coordination' for the next three years. Participants at the meeting also agreed that more data sources were needed, especially for data that is hard to come by, like prescribing data. Alerts for patient centered care were also identified as a priority. Other suggestions included a provider directory, the query, and bidirectional exchanges. Medication management and a patient portal were also main concerns. Ms. Hull Brown suggested that after looking at the data after the meeting, many participants were making suggestions that necessitate statewide repositories.

ILHIE Data Security & Privacy Committee Report

Dr. Nicholas Panomitros gave the Data Security & Privacy Committee (DSPC) Report. The DSPC has completed its review of the draft privacy and security policies that will govern the conduct of the ILHIE and its participants. The draft policies are compliant with all applicable state and federal regulations, including HIPAA and HITECH. All participants will be required to abide by the policies and procedures upon becoming ILHIE participants. The policies and procedures address a variety of topics, including compliance, user authentication, patient user and access rights, and workforce sanctions. At the most recent meeting of the DSPC on March 19, 2014, the Committee recommended that the Board adopt these policies and procedures.

Resolution 2014-04: Adopting Privacy & Security Policies

Mrs. McBride read the Resolution. Mr. Holland asked for a motion to recommend that the Board adopt the Resolution. The motion was moved and seconded with amendment to the language of the Resolution to say: "including implementing nonsubstantive and clarifying modifications;" and review to be "periodically but no less than annually." The motion passed unanimously.

ILHIE Regional HIE Workgroup Report

Dr. Nancy Newby gave the ILHIE Authority Regional HIE Workgroup Report. The Workgroup most recently met on March 28, 2014. It discussed three major agenda items: (1) Mr. Recarey provided an update on current services offered by the ILHIE and future re-connectivity plans, (2) Ms. LaRocca provided an overview of the state health information plan and the executive summary was sent to all regional participants, and (3) strategic planning input. Some regional input included that the ILHIE Authority was not attentive to the regionals' specific needs, concerns that there was some duplication of services, and issues with data sharing agreements. Mr. Recarey asked that all regional HIE attorneys and participants bring forward their concerns so that the ILHIE could resolve them. The Workgroup will continue to look for opportunities to coordinate their effort with the regional HIEs with the goal of improving care and data transport.

Regional HIE Update

Mr. Holland invited representatives of the Regional HIE initiatives to report.

Mr. Chuck Cox, from MCHC – Chicago Hospital Council operating the MetroChicago HIE, declined an update.

Mr. David Miller, of the Central Illinois Health Information Exchange, reported that there has been an increase in interest in connecting to the public health node through CIHIE to the ILHIE. CIHIE is looking into bring on some home health organizations in the future. CIHIE is also in the process of connecting to Unity Point, including Methodist Medical Center and Proctor Hospital. Unity Point should be live the first week of May.

Mr. Holland provided a brief update on SIHIE It is in the process of updating software to improve functionality and allow for the next steps with ILHIE.

Northern Illinois Health Information Exchange did not have a report for the meeting.

Mr. Steve Lawrence, from Lincoln Land Health Information Exchange, LLC and Illinois Health Exchange Partners, LLC, declined an update.

Mr. Phil Watson, from TriRivers Health Information Technology, LLC, was not present to give a report.

Regional Extension Center Update

CHITREC Report: Mr. Fred Rachman reported that CHITREC's grant was given a no-cost extension. CHITREC is operational for an additional year, helping providers reach meaningful use. Currently over 1,800 providers have enrolled and close to 1,300 of them are already at meaningful use, which is 82% of the goal. 73% of the users in its safety net community health centers have achieved meaningful use. CHITREC is aiding HFS to staff the help desk line, helping providers with the meaningful use program and assisting them with any questions they may have about health information exchanges. CHITREC has also been working with providers to use ILHIE to supply immunization data to the State. CHITREC will be partnering with Lurie Children's to build out a use case using the ILHIE to create the process for referrals between the community health center and the hospital, along with more efficient transfers to the ER.

ILHITREC Report: Mr. Roger Holloway reported that ILHITREC also was provided a no-cost extension grant, which should last until August 2014. ILHITREC is at 93% of its goal and is attempting to wrap up the remainder. The remaining providers are all Medicaid providers throughout the state. The availability of 2014 certified EHRs is creating a wrinkle for when people will be able to start gathering their 90 days of meaningful use. ILHITREC is provided early alerts and recommending hardship exemptions to those who find it necessary. ILHITREC is also provided services to the help desk as well as direct outreach.

Comment: Ms. Zaremba thanked the Regional Extension Staff for their tremendous effort.

Ann & Robert H. Lurie Children's Hospital – IT Strategy

Mr. Stan Krok, from Ann & Robert H. Lurie Children's Hospital of Chicago, reported on the IT strategy for the next 6 to 9 months. Any time beyond the 6 to 9 months is dependent on the evolution of IT. Lurie plans to have multiple approaches to attract patients; and is not dependent on a single approach. From an IT perspective, Lurie plans to tightly integrate their specialists, independent pediatricians, and all other ambulatory and hospital based services. In the next few months, Lurie plans to contract as a single signature body for this group of providers with any payor. Lurie plans to partner with CCEs, FQHCs, and ACEs as a specialty hospital. The clinicians at Lurie have asked that Lurie make it a goal to keep all clinicians in their home EMRs.

Question: What was Lurie's biggest challenge putting this together?

Answer: Getting Lurie's senior team and physician management to understand what this all means.

Public Comment

Comment: Mr. Tom Lowry, Account Executive for InterSystems (the ILHIE technology partner), thanked the Board for all the work that they have been doing. Mr. Lowry also reaffirmed InterSystem's full commitment to ILHIE's projects and endeavors.

Next Meeting

The next meeting of the ILHIE Authority Board will be held on May 21st, 2014 in Springfield.

Adjourn

The meeting was adjourned at 2:18PM.